

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP			
1	1								
2		1							
3		1							
4		2							
5		2							
6		1							
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TOTAL IND.	1								
TOTAL DEP.	14								
TOTAL CLAIMS	15								
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									